

# **CAHPS<sup>®</sup> 3.0**

## **Child Questionnaire (Medicaid Managed Care)**

*All information that would let someone identify you or your family will be kept private. {VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.*

*If you want to know more about this survey, please call XXXX.*

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## SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes → *If Yes, Go to Question 1 on Page 1*

☐ No



Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in {Health Plan Name/State Medicaid Program Name}. Is that right?  
<sup>1</sup>☐ Yes → If Yes, Go to Question 3  
<sup>2</sup>☐ No
2. What is the name of your child's health plan? (*please print*)  
\_\_\_\_\_
3. How many months or years in a row has your child been in this plan?  
<sup>1</sup>☐ Less than 6 months  
<sup>2</sup>☐ At least 6 months but less than 1 year  
<sup>3</sup>☐ At least 1 year but less than 2 years  
<sup>4</sup>☐ At least 2 years but less than 5 years  
<sup>5</sup>☐ 5 or more years

## YOUR CHILD'S PERSONAL DOCTOR OR NURSE

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The next questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.  
  
Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.  
<sup>1</sup>☐ Yes  
<sup>2</sup>☐ No → If No, Go to Question 7 on Page 2
5. Using any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?  
<sup>0</sup>☐ 0 Worst personal doctor or nurse possible  
<sup>1</sup>☐ 1  
<sup>2</sup>☐ 2  
<sup>3</sup>☐ 3  
<sup>4</sup>☐ 4  
<sup>5</sup>☐ 5  
<sup>6</sup>☐ 6  
<sup>7</sup>☐ 7  
<sup>8</sup>☐ 8  
<sup>9</sup>☐ 9  
<sup>10</sup>☐ 10 Best personal doctor or nurse possible

6. Did your child have the same personal doctor or nurse before you joined this health plan?

<sup>1</sup> ☐ Yes → If Yes, Go to Question 8

<sup>2</sup> ☐ No

7. Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

<sup>1</sup> ☐ A big problem

<sup>2</sup> ☐ A small problem

<sup>3</sup> ☐ Not a problem

8. In the last 6 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing or behaving?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

9. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 12 on page 3

10. Does your child's personal doctor or nurse understand how these medical, behavioral or other health conditions affect your child's day-to-day life?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

11. Does your child's personal doctor or nurse understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

*Option: Insert additional questions about personal doctor or nurse here.*

## GETTING HEALTH CARE FROM A SPECIALIST

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When you answer the next questions, do not include dental visits.

12. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 14

13. In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

<sup>1</sup> ☐ A big problem

<sup>2</sup> ☐ A small problem

<sup>3</sup> ☐ Not a problem

14. In the last 6 months, did your child see a specialist?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 17  
on Page 4

15. We want to know your rating of the **specialist your child saw most often** in the last 6 months. Using **any number from 0 to 10**, where 0 is the worst specialist possible, and 10 is the best specialist possible, what number would you use to rate your child's specialist?

<sup>0</sup> ☐ 0 Worst specialist possible

<sup>1</sup> ☐ 1

<sup>2</sup> ☐ 2

<sup>3</sup> ☐ 3

<sup>4</sup> ☐ 4

<sup>5</sup> ☐ 5

<sup>6</sup> ☐ 6

<sup>7</sup> ☐ 7

<sup>8</sup> ☐ 8

<sup>9</sup> ☐ 9

<sup>10</sup> ☐ 10 Best specialist possible

16. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**Option: Insert additional questions about specialist care here.**

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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17. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 19

18. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

19. In the last 6 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 21

20. In the last 6 months, when your child needed care right away for an illness, injury, or condition how often did your child get care as soon as you wanted?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

21. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else your child would see for health care.

In the last 6 months, not counting the times your child needed health care right away, did you make any appointments for your child with a doctor or other health provider for health care?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 23

22. In the last 6 months, not counting the times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

23. In the last 6 months, how many times did your child go to an emergency room?

<sup>0</sup> ☐ None

<sup>1</sup> ☐ 1

<sup>2</sup> ☐ 2

<sup>3</sup> ☐ 3

<sup>4</sup> ☐ 4

<sup>5</sup> ☐ 5 to 9

<sup>6</sup> ☐ 10 or more



24. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

<sup>0</sup>☐ None → If None, Go to Question 50 on Page 8

<sup>1</sup>☐ 1

<sup>2</sup>☐ 2

<sup>3</sup>☐ 3

<sup>4</sup>☐ 4

<sup>5</sup>☐ 5 to 9

<sup>6</sup>☐ 10 or more

25. In the last 6 months, did you or a doctor believe your child needed any care, tests or treatment?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → If No, Go to Question 27

26. In the last 6 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

<sup>1</sup>☐ A big problem

<sup>2</sup>☐ A small problem

<sup>3</sup>☐ Not a problem

27. In the last 6 months, did your child need approval from your health plan for any care, tests or treatment?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → If No, Go to Question 29

28. In the last 6 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?

<sup>1</sup>☐ A big problem

<sup>2</sup>☐ A small problem

<sup>3</sup>☐ Not a problem

29. In the last 6 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

30. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

31. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

32. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

33. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because they spoke different languages?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

34. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

35. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

36. Is your child able to talk with doctors about his or her health care?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, Go to Question 39

37. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

38. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

39. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

40. In the last 6 months, did you have any questions or concerns about your child's health or health care?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, Go to Question 44 on Page 7

41. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

42. In the last 6 months, how often did you get the specific information you needed from your child's doctors or other health providers?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

43. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

We want to know how you, your child's doctors and other health providers make decisions about your child's health care.

44. In the last 6 months, were any decisions made about your child's health care?

- 1 ☐ Yes
- 2 ☐ No → If No, Go to Question 49 on page 8

45. When decisions were made in the last 6 months, how often did your child's doctors or other health providers offer you choices about your child's health care?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

46. When decisions were made in the last 6 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

47. When decisions were made in the last 6 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

48. When decisions were made in the last 6 months, how often did your child's doctors or other health providers involve you as much as you wanted?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

49. Using any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- <sup>0</sup> ☐ 0 Worst health care possible  
<sup>1</sup> ☐ 1  
<sup>2</sup> ☐ 2  
<sup>3</sup> ☐ 3  
<sup>4</sup> ☐ 4  
<sup>5</sup> ☐ 5  
<sup>6</sup> ☐ 6  
<sup>7</sup> ☐ 7  
<sup>8</sup> ☐ 8  
<sup>9</sup> ☐ 9  
<sup>10</sup> ☐ 10 Best health care possible

50. Is your child now enrolled in any kind of school or daycare?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, Go to Question 53

51. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, Go to Question 53

52. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

53. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → If No, Go to Question 55 on page 9

54. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

55. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 57

56. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

57. Is your child 2 years old or younger?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 61 on Page 10

58. Reminders from the doctor's office or clinic, or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

59. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 61 on Page 10

60. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**Option: Insert additional questions about general health care here.**

## **SPECIALIZED SERVICES**

**61. In the last 6 months, did you get or try to get any special medical equipment or devices for your child, such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 64

**62. In the last 6 months, how much of a problem, if any, was it to get special medical equipment for your child?**

<sup>1</sup> ☐ A big problem

<sup>2</sup> ☐ A small problem

<sup>3</sup> ☐ Not a problem → If Not, Go to Question 64

**63. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**64. In the last 6 months, did you get or try to get special therapy for your child, such as physical, occupational, or speech therapy?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 67

**65. In the last 6 months, how much of a problem, if any, was it to get special therapy for your child?**

<sup>1</sup> ☐ A big problem

<sup>2</sup> ☐ A small problem

<sup>3</sup> ☐ Not a problem → If Not, Go to Question 67

**66. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**67. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 70

**68. In the last 6 months, how much of a problem, if any, was it to get this treatment or counseling for your child?**

<sup>1</sup> ☐ A big problem

<sup>2</sup> ☐ A small problem

<sup>3</sup> ☐ Not a problem → If Not, Go to Question 70

**69. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**70. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 72 on page 11

**71. In the last 6 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**Option: Insert additional questions about specialized services here.**

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## **YOUR CHILD'S HEALTH PLAN**

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The next questions ask about your experience with your child's health plan.

**72. Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose your child's doctor from the health plan list or take your child to a clinic or health care center on the plan list.**

**Is your child covered by a health plan like this?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No ➔ **If No Go to Question 76 on page 12**

**73. Did you choose your child's health plan or were you told which plan your child was in?**

<sup>1</sup> ☐ I chose my child's plan.

<sup>2</sup> ☐ I was told which plan my child was in.

**74. You can get information about your child's plan services in writing, by telephone, on the Internet, or in-person.**

**Did you get any information about your child's health plan before you signed him or her up for it?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No ➔ **If No, Go to Question 76 on page 12**

75. How much of the information you were given before you signed your child up for the plan was correct?

- <sup>1</sup>☐ All of it
- <sup>2</sup>☐ Most of it
- <sup>3</sup>☐ Some of it
- <sup>4</sup>☐ None of it

76. In the last 6 months, did you look for any information about how your child's health plan works in written material or on the Internet?

- <sup>1</sup>☐ Yes
- <sup>2</sup>☐ No ➔ If No, Go to Question 78

77. In the last 6 months, how much of a problem, if any, was it to find or understand information?

- <sup>1</sup>☐ A big problem
- <sup>2</sup>☐ A small problem
- <sup>3</sup>☐ Not a problem

78. In the last 6 months, did you call the health plan's customer service to get information or help for your child?

- <sup>1</sup>☐ Yes
- <sup>2</sup>☐ No ➔ If No, Go to Question 80

79. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- <sup>1</sup>☐ A big problem
- <sup>2</sup>☐ A small problem
- <sup>3</sup>☐ Not a problem

80. In the last 6 months, did you have to fill out any paperwork for your child's health plan?

- <sup>1</sup>☐ Yes
- <sup>2</sup>☐ No ➔ If No, Go to Question 82

81. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- <sup>1</sup>☐ A big problem
- <sup>2</sup>☐ A small problem
- <sup>3</sup>☐ Not a problem

82. Using any number from 0 to 10, where 0 is the worst health plan possible, and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- <sup>0</sup>☐ 0 Worst health plan possible
- <sup>1</sup>☐ 1
- <sup>2</sup>☐ 2
- <sup>3</sup>☐ 3
- <sup>4</sup>☐ 4
- <sup>5</sup>☐ 5
- <sup>6</sup>☐ 6
- <sup>7</sup>☐ 7
- <sup>8</sup>☐ 8
- <sup>9</sup>☐ 9
- <sup>10</sup>☐ 10 Best health plan possible

**Option: Insert additional questions about the health plan here.**



## **PRESCRIPTION MEDICATIONS**

**83. In the last 6 months, did your child get a prescription for medicine or did you refill a prescription for your child?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 86

**84. In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine?**

<sup>1</sup> ☐ A big problem

<sup>2</sup> ☐ A small problem

<sup>3</sup> ☐ Not a problem → If Not, Go to Question 86

**85. Did anyone from your child's health plan, doctor's office, or clinic help you with this problem?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

## **ABOUT YOUR CHILD AND YOU**

**86. In general, how would you rate your child's overall health now?**

<sup>1</sup> ☐ Excellent

<sup>2</sup> ☐ Very Good

<sup>3</sup> ☐ Good

<sup>4</sup> ☐ Fair

<sup>5</sup> ☐ Poor

**87. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 90

**88. Is this because of any medical, behavioral or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No Go to Question 90

**89. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**90. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 93 on page 14

**91. Is this because of any medical, behavioral or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 93 on page 14

**92. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**93. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 96

**94. Is this because of any medical, behavioral or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 96

**95. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**96. Does your child need or get special therapy, such as physical, occupational or speech therapy?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 99

**97. Is this because of any medical, behavioral or other health condition?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 99

**98. Is this a condition that has lasted or is expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**99. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → If No, Go to Question 101

**100. Has this problem lasted or is it expected to last for at least 12 months?**

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**101. What is your child's age now?**

<sup>1</sup> ☐ Less than one year old  
\_\_\_\_\_ YEARS OLD (*write in*)

**102. Is your child male or female?**

<sup>1</sup> ☐ Male

<sup>2</sup> ☐ Female

**103. Is your child of Hispanic or Latino origin or descent?**

<sup>1</sup> ☐ Yes, Hispanic or Latino

<sup>2</sup> ☐ No, Not Hispanic or Latino

**104. What is your child's race? Please mark one or more.**

<sup>1</sup> ☐ White

<sup>2</sup> ☐ Black or African-American

<sup>3</sup> ☐ Asian

<sup>4</sup> ☐ Native Hawaiian or other  
Pacific Islander

<sup>5</sup> ☐ American Indian or Alaska Native

<sup>6</sup> ☐ Other

**105. What is your age now?**

- <sup>0</sup> ☐ Under 18
- <sup>1</sup> ☐ 18 to 24
- <sup>2</sup> ☐ 25 to 34
- <sup>3</sup> ☐ 35 to 44
- <sup>4</sup> ☐ 45 to 54
- <sup>5</sup> ☐ 55 to 64
- <sup>6</sup> ☐ 65 to 74
- <sup>7</sup> ☐ 75 or older

**106. Are you male or female?**

- <sup>1</sup> ☐ Male
- <sup>2</sup> ☐ Female

**107. What is the highest grade or level of school that you have completed?**

- <sup>1</sup> ☐ 8th grade or less
- <sup>2</sup> ☐ Some high school, but did not graduate
- <sup>3</sup> ☐ High school graduate or GED
- <sup>4</sup> ☐ Some college or 2-year degree
- <sup>5</sup> ☐ 4-year college graduate
- <sup>6</sup> ☐ More than 4-year college degree

**108. What language do you mainly speak at home?**

- <sup>1</sup> ☐ English
  - <sup>2</sup> ☐ Spanish
  - <sup>3</sup> ☐ Some other language  
(*please print*)
- 

**109. What language does your child mainly speak at home?**

- <sup>1</sup> ☐ English
  - <sup>2</sup> ☐ Spanish
  - <sup>3</sup> ☐ Some other language  
(*please print*)
- 

**110. How are you related to the child?**

- <sup>1</sup> ☐ Mother or father
  - <sup>2</sup> ☐ Grandparent
  - <sup>3</sup> ☐ Aunt or uncle
  - <sup>4</sup> ☐ Older brother or sister
  - <sup>5</sup> ☐ Other relative
  - <sup>6</sup> ☐ Legal guardian
  - <sup>7</sup> ☐ Someone else (*please print*)
- 

**111. Are you listed as the child's payee or guardian on Medicaid records?**

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No

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**112. Did someone help you complete this survey?**

- <sup>1</sup> ☐ Yes → If Yes, Go to Question 113
- <sup>2</sup> ☐ No → Thank you.  
Please return the completed survey in the postage –paid envelope.

**113. How did that person help you? Check all that apply.**

- <sup>1</sup> ☐ Read the questions to me
- <sup>2</sup> ☐ Wrote down the answers I gave
- <sup>3</sup> ☐ Answered the questions for me
- <sup>4</sup> ☐ Translated the questions into my language
- <sup>5</sup> ☐ Helped in some other way  
***(Please print)***
- \_\_\_\_\_
- \_\_\_\_\_

**Option: Insert other child specific, member specific or other general questions here.**

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**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**